

NOTE: Duplicate coverage is not allowed with any Life insurance plan. You must work 30 or more hours per week to be eligible for LTD coverage.  
**Check all box(es) and complete all sections that apply. Return completed form to your Agency Payroll/Personnel Administrator.**

MEMBER/EMPLOYEE INFORMATION	<b>Enrollment</b> <input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Rehire/Reinstatement		<b>Change</b> <input type="checkbox"/> Increase Coverage Amount <input type="checkbox"/> Add Dependent <input type="checkbox"/> Beneficiary Change		<input type="checkbox"/> Decrease Coverage Amount <input type="checkbox"/> Delete Dependent <input type="checkbox"/> Address Change		<input type="checkbox"/> Cancel Coverage <input type="checkbox"/> Date of add/delete _____ <input type="checkbox"/> Name Change <input type="checkbox"/> Other _____		
	Group Name <b>State of Colorado</b>			Group Number(s) <b>642693 - Life/604726 - LTD</b>		Dept./Agency Org. ID			
	Your Name (Last, First, Middle) – <input type="checkbox"/> Check if new					Soc. Sec. No.			
	Your Address – <input type="checkbox"/> Check if new			City	State	Zip	County		
	Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female		Earnings \$		Per: <input type="checkbox"/> Hour <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr		
	Date of Hire		Hours Worked Per Week		Job Title/Occupation				
	Effective Date		Home Phone		Work Phone				
	Spouse Name		<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth				
	<b>Check with your Agency Payroll/Personnel Department about Eligibility and Evidence of Insurability Requirements.</b>								
	COVERAGE SECTION	<b>Basic Life/AD&amp;D</b> <input type="checkbox"/> Employer paid _____ (244-C) (Evidence of Insurability not required) <i>To enroll, please check applicable box(es).</i>				<i>To change or cancel coverage, please check applicable box(es).</i>  <input type="checkbox"/> Change to vested with PERA (Requires 5 years of PERA service)  <b>Employee must be enrolled in Optional Life for Spouse or Children to be enrolled. If Employee Optional Life is cancelled, Spouse Optional Life and Children Optional Life are also cancelled.</b>  <input type="checkbox"/> Cancel Employee Optional Life <input type="checkbox"/> Cancel Spouse Optional Life <input type="checkbox"/> Cancel Children Optional Life <input type="checkbox"/> Cancel Optional Long Term Disability			
<b>Optional Life/AD&amp;D</b> (See page 2 for Evidence of Insurability Requirements) <input type="checkbox"/> Employee only (multiple of \$10,000 to \$300,000) \$_____ (241) <input type="checkbox"/> Spouse (multiple of \$10,000 to \$150,000) \$_____ (242) (See page 2 for Legal Documentation Section) <input type="checkbox"/> Children (\$5,000 or \$10,000) \$_____ (243) (Evidence of Insurability not required for Children)									
<b>Optional Long Term Disability</b> <input type="checkbox"/> Not Vested with PERA (245-NV) <input type="checkbox"/> Vested with PERA (245-V)									
<i>This designation applies to Basic Life/AD&amp;D and Optional Life/AD&amp;D coverages above. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further beneficiary information.</i>									
BENEFICIARY	Primary – Full Name		Address		Soc. Sec. No.		Relationship		% of Benefit
	Contingent – Full Name		Address		Soc. Sec. No.		Relationship		% of Benefit
SIGNATURE	I wish to apply for insurance under the Group Insurance Plan, or to authorize the changes noted above. I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change as premium costs change for example, as a result of a change of coverage, age, vesting status, or contract rate.								
	Member/Employee Signature Required						Date (Mo/Day/Yr)		

*Agency Payroll/Personnel Administrator & Employee – Retain a copy for your records.*

## General Information

This form and the additional enrollment materials provided are only a summary of the State's group benefit programs. If any discrepancy exists between these enrollment materials and the group master contracts, the group master contracts will govern.

*Chapter 11 – State Benefit Plans* in the Director's Administrative Procedures addresses the procedures governing benefits eligibility and changes. A copy is available online at <http://www.colorado.gov/dpa/dhr/rules/docs/rules.pdf> or from your agency payroll/personnel administrator.

## Evidence of Insurability

Evidence of Insurability is required for Optional Long Term Disability and Optional Group Term Life/AD&D except as provided below. When Evidence of Insurability is required, you **MUST** submit a Medical History Statement for each adult applicant. Evidence of Insurability is not required for Dependent Children.

A Medical History Statement is not required IF you are...

- Enrolled in Basic Life/AD&D only
- Applying for no more than \$60,000 (employee) and \$30,000 (spouse) within 31 days of initial eligibility (e.g., date of hire), or
- Applying for no more than \$60,000 (employee) and \$30,000 (spouse) within 31 days after a Life Change Event (marriage, birth, adoption or death of a Spouse).

## Limitations/Exclusions

Some services and/or procedures may be limited or excluded from any of the plans offered by the State. Please review the applicable Certificate of Coverage or Description of Plan Benefits online at <http://www.colorado.gov/dpa/dhr/benefits>.

## Legal Documentation

Enrollments for Spouse Optional Term Life/AD&D may require supporting documentation such as a notarized "Affidavit of Common Law Marriage".

## Filing a Death Claim

Upon the death of a covered person, the beneficiary or executor of the estate must contact employee's agency payroll or personnel administrator.

## Your Signature on this Form:

1. Authorizes your employer, the State of Colorado, the right to deduct the applicable appropriate premiums according to the terms specified in the Signature section on page 1.
2. Does not constitute a binding contract or provide any employment guarantees between employees, their eligible dependents and the State of Colorado.
3. Serves as authorization for the life insurance carrier to release information to government agencies when required under appropriate federal or state legislation or regulation pursuant to legal processes, and to release and obtain information to or from other appropriate agencies, providers, and carriers for the purpose of providing necessary benefits administrative services.
4. Serves as an agreement between the employee and the life insurance carrier that the applicable procedures established by the life insurance carrier will be utilized for resolving disputes. Depending upon the conditions set forth by the carrier, this agreement may require utilizing binding arbitration instead of a court trial for dispute resolution.

## Beneficiary Information

- Designations are not valid unless signed, dated, and delivered to the State (i.e., Payroll/Personnel Administrator) during your lifetime.
- Your designation revokes all prior designations.
- Spouse or Children insurance benefits, if any, are payable to you, if living, or as provided under the Group Policy.
- Benefits are payable to a Contingent Beneficiary only if there are no living Primary Beneficiaries.
- Sample beneficiary designations are available on the Employee Benefits website at <http://www.colorado.gov/dpa/dhr/benefits>.
- If you have questions, consult your legal advisor.